

# Evaluation of the Quality & Nursing Team Peer Review Programme

## *Executive Summary*

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## Executive Summary

The NHS England and NHS Improvement Quality & Nursing Team (QNT) commissioned the Unit for Evaluation and Policy Analysis (EPA) at Edge Hill University in collaboration with Alliance Manchester Business School, University of Manchester to conduct an evaluation of the QNT peer review programme. Building upon previous research, the aim of this evaluation was to obtain a picture of the effectiveness, strengths, and weaknesses of the peer review process and the feedback regime. The evaluation addresses the following questions:

1. Is the current peer review regime effective in helping services to improve?
2. How can the current peer review process be improved?

To undertake this evaluation and address the evaluation questions, the evaluation was split into two phases. The first phase focused on identifying and developing the logic model of the programme, understanding the experiences of those undertaking peer-reviews and the views of services that have been peer-reviewed. In this phase, 17 semi-structured interviews were undertaken with a range of participants, including members of the QNT team, peer reviewers, and services that had been peer reviewed. The data from these interviews were analysed using thematic analysis and integrated against the Impact Domain Framework. The second phase focused on the refinement and validation of the model through two workshops with Directors of Nursing and Service Commissioners. The data from the workshops were analysed using thematic analysis, with the themes integrated into the framework. Drawing upon the logic model for the peer review programme, the analysis from phase one and two, and the Consolidated Framework for Implementation Research, we developed key conclusions and positive recommendations for change for the QNT peer review programme.

## Key findings and conclusions

We critically compared the key findings from the 8 impact domains with the components of the peer review logic model to develop two key strands of findings on strengths and areas for improvement of the current peer review programme.

### ***Strengths of the current peer review programme***

There was clear evidence that the current peer review process focuses resources in reviewed services. The peer review process motivates some staff to review their processes and critically assess them against the standard of care encapsulated in the relevant guidelines and KPIs. This was a clear positive and staff indicated that the announcement of an impending peer review allowed them to deploy resources for improvement that were previously unavailable. There was also a clear consensus emerging in our analysis that peer review as an interaction inevitably exposed services to outside expertise and knowledge. This was perceived to result in useful and impactful exchanges between peer reviewed staff and peer reviewers. In sum, our analysis shows that the current peer review programme is clearly effective, albeit its main effects are materialising through compliance logics rather than peer review logics.

### ***Areas for improvement***

The current peer review programme appears to operate through a logic of compliance and thus inhibits the type of positive change that arises from forming relationships of mutual trust, which trigger reciprocal learning. Peer reviews are often perceived as compliance exercises

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and lead to defensive reactions at least initially by some staff. This inhibits the development of genuinely productive and constructive relationships marked by mutual respect and an acknowledgement of equal validity of perspectives. The limited time a peer review team spends on location with staff then further impedes the development of positive relationships which are essential to maximising the learning processes supposed to be generated by the visit of peers.

Logics of compliance also reduce staff motivation to learn and change, and thereby diminish the potentially positive impact of peer review for the reviewed service. Meaningful engagements between peers are more likely to grow out of peer review approaches marked by 'deep dives' rather than brief exchanges during a single day visit.

## **Our recommendations**

Based on the findings and conclusions of this evaluation we have developed two broad areas of recommendations. These recommendations are situated, firstly, in modifying the current programme, and, secondly, in transforming the peer review programme.

- ***Modifications to existing peer review regime***
  - Put in place monitoring and training for all staff to ensure fidelity of peer review delivery across regional hubs
  - Review production and updating of KPIs in line with best practice
  - Consider format and mechanism for more effective shared learning on best practice
  - Consider more effective dissemination routes of final reports
  - Review possibility to publish final reports
  - Focus peer review visit interaction on a select number of pre-defined issues
  - Increase time and opportunities for interaction and informal exchanges during peer review visits
  - Provide for flexibility within the peer review programme to allow different SOPs for small clinical networks and larger ones (Cancer)
- ***Transformation of peer review regime***
  - Co-produce a new peer review process with key stakeholders
  - Separate out compliance and quality improvement components of peer review
  - Establish a QNT compliance arm – including a review of services failing KPIs
  - Establish a QNT peer review arm – aligned with the validated logic model
  - Develop peer review around principles of supporting quality improvement through reciprocal learning processes between reviewed staff and peer reviewers
  - Place system and organisational learning at the centre of peer review